

<i>SERFF Tracking Number:</i>	<i>FEMC-125852080</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federated Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40496</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Life</i>		
<i>Project Name/Number:</i>	<i>GL 00 80 (01-09 ed.)/GL 00 80 (01-09 ed.)</i>		

Filing at a Glance

Company: Federated Life Insurance Company

Product Name: Group Life

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: FEMC-125852080 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40496

Co Tr Num:

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Jeanette Myers

Disposition Date: 10/21/2008

Date Submitted: 10/09/2008

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: GL 00 80 (01-09 ed.)

Project Number: GL 00 80 (01-09 ed.)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/21/2008

State Status Changed: 10/21/2008

Corresponding Filing Tracking Number:

Filing Description:

Federated Life Insurance Company is submitting a new rider to be used in conjunction with group life certificate form GL 00 11 (01-02 ed.) that was approved by your department on 10/9/2002.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Discretionary, Trust

Deemer Date:

Rider GL 00 80 (01-09 ed.) amends the definition of dependent in the certificate. The only change is to the dependent limiting age. A dependent can remain insured under the group policy until age 25 or as long as full-time student status is maintained.

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Company Tracking Number:			
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Product Name:	Group Life		
Project Name/Number:	GL 00 80 (01-09 ed.)/GL 00 80 (01-09 ed.)		

Company and Contact

Filing Contact Information

Jeanette Myers, Compliance Analyst	jmmyers@fedins.com
121 East Park Square	(800) 533-0472 [Phone]
Owatonna, MN 55060	(507) 455-8226[FAX]

Filing Company Information

Federated Life Insurance Company	CoCode: 63258	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328		
Owatonna, MN 55060	Group Name:	State ID Number:
(800) 533-0472 ext. [Phone]	FEIN Number: 41-6022443	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	Yes
Fee Explanation:	MN form filing fee is \$75.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Life Insurance Company	\$75.00	10/09/2008	23077714

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/21/2008	10/21/2008

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Disposition

Disposition Date: 10/21/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>FEMC-125852080</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Group Life Rider		Yes

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Form Schedule

Lead Form Number: GL 00 80 (01-09 ed.)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GL 00 80 (01-09 ed.)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Group Life Rider	Initial			GL 00 80 _01-09 ed.__.pdf

**FEDERATED LIFE
INSURANCE COMPANY**
HOME OFFICE: 121 East Park Square, Owatonna, Minnesota 55060

GROUP LIFE POLICY AND CERTIFICATE RIDER

POLICY NUMBER: [0000]
RIDER EFFECTIVE DATE: [January 1, 2009]

The **policy** is changed as follows for residents of [Arkansas]:

Section VIII - Definitions, 15. **Dependent** or **Dependents** is deleted and replaced with the following:

15. Dependent or Dependents

means the persons shown below. A person who is a **covered employee** is not eligible as a **dependent** under any **policy** issued by **us**. No one can be considered a **dependent** of more than one **covered employee** under any **policy** issued by **us**. If both **spouses** are covered as **covered employees** under any **policy** issued by **us**, only one **spouse** shall be considered to have any eligible **dependents**.

- a. **Spouse.** This is a **covered employee's** current legal **spouse**.
- b. **Child.** This is a **covered employee's**:
 - i. unmarried natural or legally adopted child;
 - ii. unmarried child for whom the **covered employee** or his **spouse** is the legal guardian;
 - iii. unmarried step-child living with the **covered employee**; or
 - iv. a child covered under a valid qualified medical child support order (as the term is defined under Section 609 of the Employee Retirement Income Security Act (ERISA) and its implementing regulations) which is enforceable against a **covered employee**.

In each case the child must be unmarried and less than 25 years old. Coverage will be continued to the end of the **calendar year** in which the child marries or reaches the age of 25. Coverage will also be continued beyond age 25 for an unmarried child who is a student in an accredited institution of postsecondary education as long as full-time student status is maintained.

President

Secretary

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

10/09/2008

Comments:

Attachments:

Flesch Score Certification_Life.pdf

Rule 19 Cert_Life.pdf



121 East Park Square
P.O. Box 328 • Owatonna, MN 55060
Phone: (507) 455-5200 • 800-533-0472

FEDERATED LIFE INSURANCE COMPANY

Owatonna, Minnesota

CERTIFICATE OF COMPLIANCE

STATE OF ARKANSAS

GL 00 11 (01-02 ed.)

To the best of my knowledge and belief, these forms meet the Flesch minimum reading ease score required by the state of Arkansas.

Timothy G Luy Vice President

October 9, 2008



121 East Park Square
P.O. Box 328 • Owatonna, MN 55060
Phone: (507) 455-5200 • 800-533-0472

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

FEDERATED LIFE INSURANCE COMPANY

I hereby certify that Federated Life Insurance Company meets the provisions set forth in Rule and Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.

Signature of Officer

Timothy G. Luy
Name

Vice President
Title and/or Business Affiliation

October 9, 2008
Date